

### 510(k) Summary

The following 510(k) summary has been prepared pursuant to requirements specified in 21CFR 807.92(a).

#### 807.92(a)(1)

##### Submitter Information

Allison Scott  
11460 N. Meridian St., Suite 150  
Carmel, IN 46032  
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Contact Person: Allison Scott

Date: August 29, 2006

#### 807.92(a)(2)

Trade Name: AR1000 Ultrasonic Wound Therapy System  
Common Name: Ultrasonic Wound Therapy System  
Classification Name(s): Jet Lavage; Ultrasonic Surgical Instrument  
Classification Number: FQH; LFL; NRB

#### 807.92(a)(3)

##### Predicate Device(s)

Misonix, Inc.	SonicOne Ultrasonic Wound Debridement System	K050776
Soring GmbH	Sonoca 180 Ultrasound Dissection	K012753
Smith & Nephew	VersaJet Hydrosurgery System	K060782
Celleration	Celleration Mist Therapy System	K050129

#### 807.92(a)(4)

##### Device Description

The AR1000 system uses ultrasound for selective tissue dissection and fragmentation and saline for irrigation of the wound bed over course of treatment.

#### 807.92(a)(5)

##### Intended Use(s)

Selective dissection and fragmentation of tissue, wound debridement (acute and chronic wounds, burns, diseased or necrotic tissue), and cleansing irrigation of the site for the removal of debris, exudates, fragments, and other matter.

807.92(a)(6)

K060544 2/2

### Technological Characteristics

<b>COMPARISON TABLE</b>					
	<b>Arobella Medical AR1000 Ultrasonic Wound Therapy System</b>	<b>Misonix</b> (www.misonix.com) <b>SonicOne™ Ultrasonic Wound Debridement System</b>	<b>Soring GmbH Medizintechnik</b> (www.soring.com) <b>Sonoca 180 Ultrasound Dissection</b>	<b>Celleration</b> (www.celleration.com) <b>Mist Therapy System</b>	<b>Smith &amp; Nephew</b> (wound.smith-nephew.com/us/home.asp) VersaJet Hydrosurgery System
<b>Indications For Use</b>	Selective dissection & fragmentation of tissue, wound debridement (acute and chronic wounds, burns, diseased or necrotic tissue), and cleansing irrigation of the site for the removal of debris, exudates, fragments, and other matter. May promote healing of wound or tissue.	Ultrasonic debridement of wounds (including burns, diabetic ulcers, bedsores, and vaginal ulcers), soft tissues, and cleansing surgical sites	Selected dissection and fragmenting of tissue at the operation site during multi-medical discipline surgery (General Surgery, Neuro, Thoracic, Urology, and Gastro-Intestinal)	Promotes wound healing through wound cleansing and maintenance debridement by the removal of yellow slough, fibrin, tissue exudates and bacteria	Wound debridement, soft tissue debridement, and cleansing of surgical site and burns
<b>510(k) or PMA Submission / CFR Citation</b>	To Be Submitted	K050776 (AUS-6 Ultrasonic Surgical Aspirator System)	K012753	K032378 / K050129	K991383 / K011612 / K060782
<b>Device Agent</b>	High Intensity Ultrasound & Irrigation 35kHz / ?	High Intensity Ultrasound 22.5kHz / ?	High Intensity Ultrasound 25kHz / ?	High Intensity Ultrasound 40kHz / ?	Pressurized Fluid Stream & Evacuation
<b>Agent Delivery</b>	Irrigation & Contact Probe	Contact Probe	Contact Probe	Atomized Irrigant & Non-Contact Probe	Irrigation/Suction Nozzle
<b>Agent Mechanism</b>	Ultrasound for selective tissue dissection and fragmentation and irrigation of wound bed over course of treatment	General cavitation (thermal agitation and fragmentation) of wounds and tissues	General cavitation (thermal agitation and fragmentation) of wounds and tissues	Ultrasound wound cleansing and maintenance debridement	Pressurized stream and evacuation cuts, ablates, and removes tissue and foreign matter and surgically resects/removes material
<b>Treatment Variable</b>	Applicator size/positioning/contact-surface, frequency and duration of treatments; irrigation flow rate	Applicator size/positioning, frequency and duration of treatments	Applicator size/positioning, frequency and duration of treatments	Applicator positioning, frequency and duration of treatments; Mist flow rate	Applicator positioning, frequency and duration of treatments; flow and evacuation rate
<b>Treatment Setting</b>	Hospital, clinic, in-home, or intraoperative settings	Hospital, clinic, in-home, or intraoperative settings	Intraoperative setting	Hospital, clinic, or in-home settings	Hospital, clinic, or intraoperative settings



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

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Arobella Medical, LLC  
% The Anson Group  
Ms. Allison Scott  
Consultant  
11640 N. Meridian Street  
Suite 150  
Carmel, Indiana 46032

Re: K062544

Trade/Device Name: AR1000 Ultrasonic Wound Therapy System  
Regulation Number: 21 CFR 878.4410  
Regulation Name: Low energy ultrasound wound cleaner  
Regulatory Class: II  
Product Code: NRB, LFL, FQH  
Dated: December 12, 2006  
Received: December 13, 2006

Dear Ms. Scott:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set

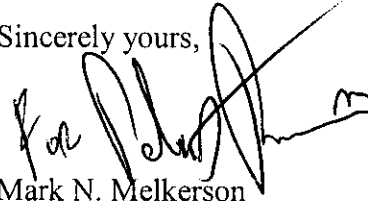
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forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Mark N. Melkerson', is written over the typed name.

Mark N. Melkerson

Director

Division of General, Restorative  
and Neurological Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

